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CONFIRMATION NO. 5397

<b>SERIAL NUMBER</b> 10/758,599	<b>FILING OR 371(c) DATE</b> 01/16/2004 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2629	<b>ATTORNEY DOCKET NO.</b> IMMR-064/00US	
<b>APPLICANTS</b> Danny Grant, Montreal, CANADA;					
** CONTINUING DATA ***** <i>None</i>					
** FOREIGN APPLICATIONS ***** <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 04/20/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>J.Y. Shu</i>					
Verified and Acknowledged <i>J.Y. Shu</i> Examiner's Signature Initials					
<b>ADDRESS</b> 60140					
<b>TITLE</b> Method and apparatus for providing haptic feedback having a position-based component and a predetermined time-based component					
<b>FILING FEE RECEIVED</b> 1540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		